

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 68

For Official Use Only

Statement covers period

from 02/16/2020

through 06/30/2020

Date of election if applicable:
(Month, Day, Year)

03/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/

Officeholder Committee

(Also Complete Part 7.)

2. Type of Statement:

☐ Pre-election Statement

☒ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1423259

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
JANET NGUYEN FOR ASSEMBLY 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GARDEN GROVE	CA	92840	(916)473-4298

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GRANITE BAY	CA	95746	

OPTIONAL: FAX/E-MAIL ADDRESS

DAVID@THEAGENCY.US

Treasurer(s)

NAME OF TREASURER
DAVID BAUER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GRANITE BAY	CA	95746	916/473-4298

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/28/2020 By DAVID BAUER

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/28/2020 By JANET NGUYEN

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JANET NGUYEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

72

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

FOUNTAIN VALLEY CA 92708

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

NGUYEN FOR SENATE 2018

I.D. NUMBER

1373835

NAME OF TREASURER

DAVID BAUER

CONTROLLED COMMITTEE?



YES



NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
GARDEN GROVE

STATE
CA

ZIP CODE
92840

AREA CODE/PHONE
916/473-4298

COMMITTEE NAME

JANET NGUYEN FOR SUPERVISOR 2020

I.D. NUMBER

1290201

NAME OF TREASURER

DAVID BAUER

CONTROLLED COMMITTEE?



YES



NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
GARDEN GROVE

STATE
CA

ZIP CODE
92840

AREA CODE/PHONE
916/473-4298

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME JANET NGUYEN FOR SENATE 2022	I.D. NUMBER 1414570
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NAME OF TREASURER DAVID BAUER	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY GARDEN GROVE	STATE CA	ZIP CODE 92840	AREA CODE/PHONE 916/473-4298
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>68</u> I.D. NUMBER 1423259
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$149,349.20	\$338,882.90
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$149,349.20	\$338,882.90
4. Nonmonetary Contributions	Schedule C, Line 3	\$5,150.00	\$5,500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$154,499.20	\$344,382.90

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$344,382.90	\$0.00
21. Expenditures Made	\$444,986.87	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$176,150.75	\$437,634.09
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$176,150.75	\$437,634.09
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$1,243.25)	\$1,852.78
10. Nonmonetary Adjustment	Schedule C, Line 3	\$5,150.00	\$5,500.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$180,057.50	\$444,986.87

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>11/3/2020</u>	<u>\$23,405.18</u>
<u>3/3/2020</u>	<u>\$359,064.76</u>
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$142,670.06	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$149,349.20	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$464.04	
15. Cash Payments	Column A, Line 8 above	\$176,150.75	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$116,332.55	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$1,852.78

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
through 06/30/2020		Page 5 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/16/2020	MyDung Nguyen STOCKTON, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self_employ Manicurist	\$250.00	\$250.00	2020P: \$250.00
2/16/2020	Daniel Truong Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PMDI MD	\$100.00	\$100.00	2020P: \$100.00
2/17/2020	Phuoc Nguyen San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$175.00	2020P: \$225.00 2020G: \$50.00
2/18/2020	Fresh&Natural Milpitas, CA 95035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020P: \$500.00
2/18/2020	DR DAYNA E GRANT ANAHEIM, CA 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMUNITY VETERINARY VETERINARIAN	\$2,500.00	\$2,500.00	2020P: \$2,500.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$144,525.00
2. Amount received this period - unitemized contributions of less than \$100	\$4,824.20
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$149,349.20

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>68</u>		
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/18/2020	WILLIAM GRANT II ANAHEIM, CA 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMUNITY VETERINARY HOSPITAL VETERINARIAN	\$2,500.00	\$2,500.00	2020P: \$2,500.00
2/18/2020	TAM LE SAN JOSE, CA 95122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$50.00	\$200.00	2020P: \$100.00 2020G: \$100.00
2/18/2020	LEIGHTON CONSULTING, INC. Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2020P: \$500.00
2/18/2020	MERVYN MCCULLOCH INDIO, CA 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$300.00	\$300.00	2020P: \$300.00
2/18/2020	XUAN NGUYEN ORLANDO, FL 32804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$100.00	2020P: \$100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
		Page <u>7</u> of <u>68</u>
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/18/2020	Tom Olds Irvine, CA 92603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Generations Healthcare CEO	\$4,700.00	\$4,700.00	2020P: \$4,700.00
2/18/2020	Dzung Pham Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$625.00	2020P: \$1,300.00 2020G: \$375.00
2/18/2020	HOAN PHAM GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$300.00	2020P: \$100.00 2020G: \$200.00
2/18/2020	Son Tran Escondido, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Systems Accountant	\$25.00	\$250.00	2020P: \$175.00 2020G: \$75.00
2/18/2020	Bang Trieu San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Americans Helping Asian Children Vice Pres.	\$50.00	\$150.00	2020P: \$150.00
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 02/16/2020		CALIFORNIA FORM 460
through 06/30/2020		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/19/2020	Loren Doornek Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ISLLC Programmer	\$100.00	\$100.00	2020P: \$100.00
2/20/2020	ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIF. PAC SAN DIEGO, CA 92119 Committee ID: 1282257	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,450.00	\$4,700.00	2020P: \$4,700.00 2020G: \$250.00
2/20/2020	ASSOCIATED BUILDERS AND CONTRACTORS OF SOUTHERN CALIF. PAC SAN DIEGO, CA 92119 Committee ID: 1282257	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$4,700.00	2020P: \$4,700.00 2020G: \$250.00
2/20/2020	Robert Croft Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020P: \$100.00
2/20/2020	Phuoc Nguyen San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$175.00	2020P: \$225.00 2020G: \$50.00
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
		Page <u>9</u> of <u>68</u>
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/20/2020	Son Tran Escondido, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Systems Accountant	\$25.00	\$250.00	2020P: \$175.00 2020G: \$75.00
2/22/2020	FAMILY ACTION PAC NEWPORT BEACH, CA 92660 Committee ID: 1225424	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00
2/24/2020	Martin Hansberger Upland, CA 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holiday Rock Co, Inc Senior Director	\$1,500.00	\$1,500.00	2020P: \$1,500.00
2/24/2020	UPSPAC - CALIFORNIA ATLANTA, GA 30328 Committee ID: 921055	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2020P: \$4,000.00
2/25/2020	philip dang Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$100.00	2020P: \$100.00 2020G: \$50.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
		Page <u>10</u> of <u>68</u>
		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2020	DON ALEXANDER FOUNAIN VALLEY, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$250.00	\$500.00	2020P: \$300.00 2020G: \$250.00
2/26/2020	THELMA KIEFFER SEAL BEACH, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$100.00	2020P: \$100.00
2/26/2020	PATTI WIDDICOMBE FAMLY PARTNERSHIP, L.P. SANTA ANA, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2020P: \$100.00
2/26/2020	Bang Pham LA Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$500.00	\$500.00	2020P: \$500.00
2/26/2020	Binh Tran PALMDALE, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$125.00	2020P: \$75.00 2020G: \$50.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 11 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2020	Bang Trieu San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Americans Helping Asian Children Vice Pres.	\$100.00	\$150.00	2020P: \$150.00
2/27/2020	Sau Cai Quincy, MA 02169	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$150.00	2020P: \$200.00
2/27/2020	LAI NGUYEN GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FIDELIMEX, INC. SUPERVISOR	\$1,000.00	\$1,000.00	2020P: \$1,000.00
2/28/2020	ASSOCIATED BUILDERS AND CONTRACTORS NORTHERN CALIF. CHAPTER PAC LIVERMORE, CA 94551 Committee ID: 901313	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00
2/28/2020	CALIFORNIA PROFESSIONAL ENGINEERING, INC. LA PUENTE, CA 91748	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 02/16/2020 through 06/30/2020	CALIFORNIA FORM 460
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NAME OF FILER

JANET NGUYEN FOR ASSEMBLY 2020

I.D. Number
1423259

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/28/2020	CLAYTON L. C. CHAU, M.D. INC. FOUNTAIN VALLEY, CA 92708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020P: \$3,000.00
2/28/2020	James Fullmer Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Real Estate	\$4,000.00	\$4,000.00	2020P: \$4,000.00
2/29/2020	Joseph Otting Las Vegas, NV 89141	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Government Comptroller	\$2,000.00	\$2,000.00	2020P: \$3,000.00
2/29/2020	TAM TRAN MARLTON, NJ 0053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$100.00	2020P: \$100.00
3/1/2020	IMAGES LUXURY NAIL LOUNGE NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>		CALIFORNIA FORM 460
Page <u>13</u> of <u>68</u>		
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/1/2020	IMAGES LUXURY NAIL LOUNGE NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
3/1/2020	DAMON NGUYEN GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSTRUCTION CO. CONTRACTOR	\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
3/1/2020	DAMON NGUYEN GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSTRUCTION CO. CONTRACTOR	\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
3/2/2020	Michael Cao ROSEMEAD, CA 91770	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Heart Medical Physician	\$1,000.00	\$1,000.00	2020P: \$1,000.00
3/2/2020	BARRY COTTLE SANTA ANA, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C & C DEVELOPMENT CO., LLC PARTNER	\$1,000.00	\$1,000.00	2020P: \$1,000.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 02/16/2020 through 06/30/2020		CALIFORNIA FORM 460 Page 14 of 68
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NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/2/2020	An Ho Mission vijeo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	nails technology manicurist	\$50.00	\$100.00	2020P: \$50.00 2020G: \$50.00
3/2/2020	Igor Lotsvin Emerald Hills, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sage Rhino Capital Investment Management	\$250.00	\$250.00	2020P: \$250.00
3/14/2020	LEISURE WORLD GOP CLUB SEAL BEACH, CA 90740	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	2020G: \$300.00
3/25/2020	John Kabashima Tustin, CA 92782	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$250.00	\$250.00	2020G: \$250.00
3/26/2020	Mark Harrison Corona del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Telescope Peak Risk Management Investor	\$4,700.00	\$4,700.00	2020G: \$4,700.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>		CALIFORNIA FORM 460
Page <u>15</u> of <u>68</u>		
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/26/2020	Son Tran Escondido, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Systems Accountant	\$25.00	\$250.00	2020P: \$175.00 2020G: \$75.00
4/5/2020	GROVE FOR SENATE 2022 BAKERSFIELD, CA 93309 Committee ID: 1414696	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
4/8/2020	PAT BATES FOR SENATE 2018 LAGUNA NIGUEL, CA 92677 Committee ID: 1374577	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
4/11/2020	Vital s International Group (Pura d or) Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
4/28/2020	APARTMENT ASSOC. OF ORANGE COUNTY PAC GARDEN GROVE, CA 92843 Committee ID: 980470	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
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NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2020	Dzung Pham Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$250.00	\$625.00	2020P: \$1,300.00 2020G: \$375.00
4/30/2020	Nhan Vole San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wester Digital Inc. Engineer	\$100.00	\$100.00	2020G: \$100.00
5/1/2020	Charles Do Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020G: \$100.00
5/5/2020	CALIF. CHAMBER OF COMMERCE PAC (CHAMBERPAC) SACRAMENTO, CA 95814 Committee ID: 950352	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2020G: \$2,500.00
5/6/2020	William Woo Los Alamitos, CA 90720	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente medical group Physician	\$250.00	\$250.00	2020G: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 17 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JANET NGUYEN FOR ASSEMBLY 2020

I.D. Number

1423259

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/7/2020	teresa hernandez Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
5/7/2020	Son Tran Escondido, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Systems Accountant	\$25.00	\$250.00	2020P: \$175.00 2020G: \$75.00
5/11/2020	LIEU NGUYEN SACRAMENTO, CA 95820	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$100.00	2020G: \$100.00
5/11/2020	Michael Simpfinderfer Bellflower, CA 90706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Golden Empire Mortgage Manager	\$250.00	\$250.00	2020G: \$250.00
5/18/2020	ASSOC. OF CALIF. LIFE & HEALTH INSURANCE COMPANIES PAC (ACLHIC PAC) SAUSALITO, CA 94965 Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020G: \$500.00

SUBTOTAL

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SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
		Page <u>18</u> of <u>68</u>
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

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5/29/2020	Golden Heart Medical Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,250.00	2020G: \$1,250.00
6/5/2020	An Ho Mission vijeo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	nails technology manicurist	\$50.00	\$100.00	2020P: \$50.00 2020G: \$50.00
6/5/2020	Kevin Tran Garden Grove, CA 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Boeing Encore Interiors Engineer	\$50.00	\$100.00	2020G: \$100.00
6/6/2020	Huong Nguyen Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020G: \$100.00
6/6/2020	Binh Tran PALMDALE, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$125.00	2020P: \$75.00 2020G: \$50.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>		CALIFORNIA FORM 460 Page <u>19</u> of <u>68</u> I.D. Number 1423259
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6/8/2020	Charisma Salon and spa wellness Menlo Park, CA 94025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2020G: \$100.00
6/8/2020	Dzung Pham Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$625.00	2020P: \$1,300.00 2020G: \$375.00
6/9/2020	thomas mauk palm desert, CA 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$300.00	2020P: \$200.00 2020G: \$100.00
6/12/2020	Susan Nguyen Huntington Beach, CA 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tammy s Beauty Salon Salon owner	\$100.00	\$100.00	2020G: \$100.00
6/12/2020	John Tran Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Marketing and consulting	\$1,000.00	\$2,000.00	2020G: \$2,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
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6/13/2020	DON ALEXANDER FOUNAIN VALLEY, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$250.00	\$500.00	2020P: \$300.00 2020G: \$250.00
6/13/2020	Tuan Truong San Jose, CA 95133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VMware, inc Engineer	\$100.00	\$100.00	2020G: \$100.00
6/14/2020	John Tran Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Marketing and consulting	\$1,000.00	\$2,000.00	2020G: \$2,000.00
6/15/2020	Donna Lee Bennett Long Beach, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
6/16/2020	DAVITA DENVER, CO 80202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
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SCHEDULE A (CONT.)

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NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/2020	Patrick and Mary Dirk Balboa Island, CA 92662	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TROY Group, Inc. CEO/VP	\$2,500.00	\$2,500.00	2020G: \$2,500.00
6/24/2020	Golden Heart Medical Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$1,250.00	2020G: \$1,250.00
6/24/2020	PHILONG TONG WEST COVINA, CA 91790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$100.00	2020G: \$100.00
6/24/2020	DU TRAN GARDEN GROVE, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF DOCTOR	\$200.00	\$200.00	2020G: \$200.00
6/24/2020	Son Tran Escondido, CA 92029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Systems Accountant	\$25.00	\$250.00	2020P: \$175.00 2020G: \$75.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 22 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JANET NGUYEN FOR ASSEMBLY 2020

I.D. Number

1423259

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/25/2020	CALIF. CABLE & TELECOMMUNICATIONS ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
6/25/2020	CALIF. DENTAL ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 742855	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
6/25/2020	Charles Do Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020G: \$100.00
6/25/2020	Bob Hoxsie Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020P: \$100.00 2020G: \$100.00
6/25/2020	Tanya Hoxsie Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Boys & Girls Clubs of Huntington Valley CEO	\$100.00	\$100.00	2020G: \$100.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 02/16/2020		CALIFORNIA FORM 460
through 06/30/2020		
Page 23 of 68		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/25/2020	Binh Tran PALMDALE, CA 93551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$125.00	2020P: \$75.00 2020G: \$50.00
6/26/2020	Diana An Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020P: \$150.00 2020G: \$50.00
6/26/2020	philip dang Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020P: \$100.00 2020G: \$50.00
6/26/2020	Huong Nguyen Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$100.00	2020G: \$100.00
6/26/2020	PATTERSON FOR ASSEMBLY 2020 FRESNO, CA 93721 Committee ID: 1414590	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$5,700.00	2020P: \$1,000.00 2020G: \$4,700.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
		Page <u>24</u> of <u>68</u>
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2020	Dzung Pham Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$625.00	2020P: \$1,300.00 2020G: \$375.00
6/26/2020	WALDRON FOR ASSEMBLY 2020 SAN DIEGO, CA 92119 Committee ID: 1414619	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
6/28/2020	Manh Tuan Truong San Jose, CA 95133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VMware, Inc Engineer	\$100.00	\$100.00	2020G: \$100.00
6/29/2020	ANTHEM BLUE CROSS CINCINNATI, OH 45209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
6/29/2020	ASSOC. OF CALIF. STATE SUPERVISORS PAC SACRAMENTO, CA 95814 Committee ID: 1303937	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>		CALIFORNIA FORM 460
Page <u>25</u> of <u>68</u>		
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2020	CALIF. GRAIN & FEED ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 810430	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
6/29/2020	CALIF. TRUCKING ASSOC. PAC SACRAMENTO, CA 95834 Committee ID: 760458	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
6/29/2020	Garden Grove Secured Storage Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2020P: \$500.00 2020G: \$500.00
6/29/2020	GIULIANO FAMILY TRUST GARDEN GROVE, CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2020G: \$200.00
6/29/2020	GREENBERGTRAURIG DORAL, FL 33166	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u>		CALIFORNIA FORM 460
through <u>06/30/2020</u>		
		Page <u>26</u> of <u>68</u>
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2020	TAM LE SAN JOSE, CA 95122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$200.00	2020P: \$100.00 2020G: \$100.00
6/29/2020	NAT'L ASSOC. OF INDUSTRIAL & OFFICE PROPERTIES ORANGE COUNTY PAC IRVINE, CA 92618 Committee ID: 950520	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$1,000.00 2020G: \$4,700.00
6/29/2020	HOAN PHAM GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$300.00	2020P: \$100.00 2020G: \$200.00
6/29/2020	HOAN PHAM GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$300.00	2020P: \$100.00 2020G: \$200.00
6/29/2020	The New Majority PAC San Rafael, CA 94901 Committee ID: 992074	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>		CALIFORNIA FORM 460
Page <u>27</u> of <u>68</u>		
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2020	VANLONG TO FREMONT, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A RETIRED	\$100.00	\$100.00	2020G: \$100.00
6/29/2020	Kevin Tran Garden Grove, CA 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Boeing Encore Interiors Engineer	\$50.00	\$100.00	2020G: \$100.00
6/30/2020	Fresenius Medical Care Holdings, Inc. Waltham, MA 02451	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
6/30/2020	Thanh Hoang Anaheim, CA 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
6/30/2020	Leonard T. Luong Huntington Beach, CA 92646	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployment Student	\$250.00	\$250.00	2020G: \$250.00
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 28 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. Number 1423259

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2020	Huong Nguyen Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$100.00	2020G: \$100.00
6/30/2020	Phuoc Nguyen San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$175.00	2020P: \$225.00 2020G: \$50.00
6/30/2020	thien nguyen san jose, CA 95117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020P: \$100.00 2020G: \$50.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$144,525.00

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(other than PTY or SCC)
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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
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I.D. Number 1423259	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 02/16/2020 through 06/30/2020	CALIFORNIA FORM 460
	Page 31 of 68
I.D. Number 1423259	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/29/2020	WEIMER AND ASSOC., LLC GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		OFFICE RENT	\$350.00	\$700.00	2020P: \$1,600.00
3/3/2020	BLEU RESTAURANT WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FOOD FOR VOLUNTEERD	\$200.00	\$200.00	2020P: \$200.00
3/3/2020	PHO QUYEN RESTAURANT WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FOOD FOR VOLUNTEERS	\$100.00	\$100.00	2020P: \$100.00
4/10/2020	CALIF. REPUBLICAN PARTY SACRAMENTO, CA 95814 Committee ID: 810683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		RESEARCH	\$4,500.00	\$4,500.00	2020G: \$4,500.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$5,150.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$5,150.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$5,150.00

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Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	02/16/2020	CALIFORNIA FORM 460	
through	06/30/2020	Page 32 of 68	
		I.D. NUMBER 1423259	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/2/2020	Payee Name: JANET NGUYEN FOR SENATE 2018 Candidate Name: JANET NGUYEN State Senator Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,750.00	\$50,750.00	2020P: \$50,750.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL					\$50,750.00	

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$50,750.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$50,750.00

Schedule E Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E

Statement covers period from 02/16/2020 through 06/30/2020		CALIFORNIA FORM 460 Page 33 of 68
I.D. NUMBER 1423259		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RYAN WHITE GARDEN GROVE, CA 92840	OFC			\$253.37
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$14,720.82
Wendy Warfield Sacramento, CA 95814	CNS			\$750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$176,098.15
2. Unitemized payments made this period of under \$100.	\$52.60
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$176,150.75

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through 06/30/2020		Page 34 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$5.89
CHASE CARD SERVICES CAROL STREAM, IL 60197		ADVERTISING		\$5,221.73
CHASE CARD SERVICES CAROL STREAM, IL 60197		RADIO & ONLINE ADVERTISING		\$3,096.03
GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	TEL			\$14,077.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$7,429.24

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
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JANET NGUYEN FOR ASSEMBLY 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	TEL			\$2,727.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$6,014.14
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$13.26
David Bauer GRANITE BAY, CA 95746	PRO			\$1,586.20
CHASE CARD SERVICES CAROL STREAM, IL 60197	TEL			\$3,136.44

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$280.96
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$14.83
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$12,642.42
RYAN WHITE GARDEN GROVE, CA 92840	SAL			\$2,655.21
INTERNAL REVENUE SVC. OGDEN, UT 84201	SAL			\$1,109.67

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMPLOYMENT DEVELOPMENT DEPT SACRAMENTO, CA 94230	SAL			\$364.04
PAYCHEX FOLSOM, CA 95630	OFC			\$86.30
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$4,713.24
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$3,027.73
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$34.24

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Bauer GRANITE BAY, CA 95746	OFC			\$7.05
CHASE CARD SERVICES CAROL STREAM, IL 60197	OFC			\$375.90
NORTHWEST ORANGE COUNTY CRA STANTON, CA 90680	PRT			\$75.00
CHASE CARD SERVICES CAROL STREAM, IL 60197	WEB			\$1,284.08
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$5.11

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through 06/30/2020		Page 39 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

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EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$185.50
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$150.11
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$69.63
JANET NGUYEN FOR SENATE 2018 SACRAMENTO, CA 95833	TSF			\$50,750.00
Committee ID: 1373688 EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$51.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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JANET NGUYEN FOR ASSEMBLY 2020

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GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	CNS			\$6,892.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT			\$3,700.73
LEO'S DESIGN THOUSAND OAKS, CA 91320	WEB			\$200.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$2.75
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$2.18

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COPS VOTER GUIDE FOLSOM, CA 95630	LIT			\$2,457.00
David Bauer GRANITE BAY, CA 95746	PRO			\$798.00
TOM BONIKOWSKI GARDEN GROVE, CA 92840	TRS		MILEAGE REIMBURSEMENT	\$498.70
CHASE CARD SERVICES CAROL STREAM, IL 60197			ADVERTISING	\$6,428.05
CHASE CARD SERVICES CAROL STREAM, IL 60197	OFC			\$1,267.53

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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JANET NGUYEN FOR ASSEMBLY 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WEIMER AND ASSOC., LLC GARDEN GROVE, CA 92840	OFC			\$1,050.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$14.50
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	CMP		MERCHANT FEE	\$212.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$7.64
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$4.38

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TED STELLE COSTA MESA, CA 92627	WEB			\$56.32
CHASE CARD SERVICES CAROL STREAM, IL 60197			ADVERTISING, SUPPLIES, MEETINGS	\$4,914.34
David Bauer GRANITE BAY, CA 95746	PRO			\$670.60
PAYCHEX FOLSOM, CA 95630	OFC			\$12.00
INTERNAL REVENUE SVC. OGDEN, UT 84201	OFC			\$91.80

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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NGOC HO GARDEN GROVE, CA 92840	SAL			\$277.05
NAM NGUYEN GARDEN GROVE, CA 92840	SAL			\$277.05
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$45.50
PAYCHEX FOLSOM, CA 95630	OFC			\$58.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$15.01

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
through 06/30/2020		Page 45 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$7.75
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$0.95
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$1.63
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$0.59
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$21.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
through 06/30/2020		Page 46 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$13.38
CHASE CARD SERVICES CAROL STREAM, IL 60197	OFC			\$1,215.60
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$45.50
PAYCHEX FOLSOM, CA 95630	OFC			\$58.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$21.29

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
through 06/30/2020		Page 47 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Bauer GRANITE BAY, CA 95746	PRO			\$379.65
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$4.38
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$3.26
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$109.99
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$2.75

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
through 06/30/2020		Page 48 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$120.64
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$37.21
David Bauer GRANITE BAY, CA 95746	PRO			\$350.00
GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	CNS			\$3,716.00
Wendy Warfield Sacramento, CA 95814	CNS			\$3,001.50

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 02/16/2020		
through 06/30/2020		Page 49 of 68
NAME OF FILER JANET NGUYEN FOR ASSEMBLY 2020		I.D. NUMBER 1423259

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$47.06
PAYCHEX FOLSOM, CA 95630	OFC			\$58.00
EFUNDRAISING CONNECTIONS SACRAMENTO, CA 95816	OFC			\$15.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$176,098.15

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CHASE CARD SERVICES CAROL STREAM, IL 60197	RADIO & ONLINE ADVERTISING	\$3,096.03	\$0.00	\$3,096.03	\$0.00
CHASE CARD SERVICES CAROL STREAM, IL 60197	WEB	\$0.00	\$1,852.78	\$0.00	\$1,852.78

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$3,096.03 \$1,852.78 \$3,096.03 \$1,852.78

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,852.78
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$3,096.03
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$1,243.25)
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMAZON	OFC			\$220.21
COSTCO GARDEN GROVE, CA 92642	OFC			\$131.28
T-MOBILE ORANGE, CA 92868	OFC			\$154.53
HOSTMYSITE.COM CYBERSPACE, CA 90000	WEB			\$407.58

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$913.60

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 52 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FACEBOOK MENLO PARK, CA 95025	WEB			\$299.77
CONSTANT CONTACT	WEB			\$325.00
SEAFOOD PARADISE RESTAURANT WESTMINSTER, CA 92683 Memo Reference: PDT16	MTG			\$130.48
T MOBILE CINCINNATI, OH 45274	OFC			\$149.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$904.25

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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through	06/30/2020	Page 53 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COSTCO FOUNTAIN VALLEY, CA 92708	OFC			\$284.88
CONSTANT CONTACT	WEB			\$325.00
U.S. POSTAL SVC. FOUNTAIN VALLEY, CA 92728	LIT			\$575.15
STATE PRINTING GARDEN GROVE, CA 92843	LIT			\$150.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1335.03

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SATOSHI JAPANESE RESTAURANT FOUNTAIN VALLEY, CA 92708 Memo Reference: EDT91	MTG			\$115.96
SAIGON RADIO HAI NGOAI WESTMINSTER, CA 92683	RAD			\$800.00
FACEBOOK MENLO PARK, CA 95025	WEB			\$750.00
KOREA HOUSE RESTAURANT GARDEN GROVE, CA 92840	MTG			\$200.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1865.96

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

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JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Little Saigon Radio Broadcasting, Inc. Westminster, CA 92683	RAD			\$475.00
SAIGON ENTERTAINMENT TELEVISION GARDEN GROVE, CA 92843	TEL			\$1,500.00
SAIGON RADIO HAI NGOAI WESTMINSTER, CA 92683	RAD			\$750.00
STATE PRINTING GARDEN GROVE, CA 92843	LIT			\$598.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3323.13

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VIETNAM AMERICA TELEVISION	TEL			\$500.00
FACEBOOK MENLO PARK, CA 95025	WEB			\$959.41
RUMBLE UP	WEB			\$1,300.00
SAIGON RADIO HAI NGOAI WESTMINSTER, CA 92683	RAD			\$800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3559.41

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JANET NGUYEN FOR ASSEMBLY 2020

I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COSTCO FOUNTAIN VALLEY, CA 92708	OFC			\$391.49
Little Saigon Radio Broadcasting, Inc. Westminster, CA 92683	RAD			\$950.00
RUMBLE UP	WEB			\$1,100.00
RUMBLE UP	WEB			\$3,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5441.49

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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1423259

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vien Dong News Westminster, CA 92683	PRT			\$2,000.00
CONSTANT CONTACT	OFC			\$325.00
COSTCO FOUNTAIN VALLEY, CA 92708	OFC			\$306.35
MOM'S SUPERMARKET SANTA ANA, CA 92704	OFC			\$134.79

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2766.14

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

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JANET NGUYEN FOR ASSEMBLY 2020

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUSHI TOWN COSTA MESA, CA 92626 Memo Reference: EDT78	MTG			\$104.49
YARD HOUSE RESTAURANT LONG BEACH, CA 90802 Memo Reference: EDT79	MTG			\$109.39
ABC SUPERMARKET WESTMINSTER, CA 92683	CMP			\$1,000.00
BLEU RESTAURANT WESTMINSTER, CA 92683			FOOD FOR CAMPAIGN STAFF	\$247.68

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1461.56

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CONSTANT CONTACT	WEB			\$325.00
COSTCO FOUNTAIN VALLEY, CA 92708	OFC			\$237.21
FACEBOOK MENLO PARK, CA 95025	WEB			\$503.78
RUMBLE UP	WEB			\$100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1165.99

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

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JANET NGUYEN FOR ASSEMBLY 2020

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1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SAIGON ENTERTAINMENT TELEVISION GARDEN GROVE, CA 92843	TEL			\$500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$500.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
GILLIARD, BLANNING & ASSOC.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VOICECRAFTERS	TEL			\$585.00
SPECTRUM	TEL			\$9,235.25
SMITH CINEMATIC ROSEVILLE, CA 95678	TEL			\$1,950.00
FACEBOOK MENLO PARK, CA 95025	WEB			\$1,275.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$13045.25

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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I.D. NUMBER
1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
THE MONACO GROUP

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	LIT			\$970.39
POSTMASTER SANTA ANA, CA 92701	LIT			\$3,027.73
POSTMASTER SANTA ANA, CA 92701	LIT			\$3,295.16
GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	LIT			\$615.27

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7908.55

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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1423259

NAME OF AGENT OR INDEPENDENT CONTRACTOR
THE MONACO GROUP

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GILLIARD, BLANNING & ASSOC. ROCKLIN, CA 95765	LIT			\$1,223.31
POSTMASTER SANTA ANA, CA 92701	LIT			\$7,598.00
POSTMASTER SANTA ANA, CA 92701	LIT			\$7,429.24
POSTMASTER SANTA ANA, CA 92701	LIT			\$6,014.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$22264.69

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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JANET NGUYEN FOR ASSEMBLY 2020

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
RYAN WHITE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COPY4LESS FOUNTAIN VALLEY, CA 92708	OFC			\$200.57

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$200.57

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
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SCHEDULE H

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1423259

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
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SCHEDULE I

Statement covers period
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/30/2020	JENNY TRAN GARDEN GROVE, CA 92840	PAYMENT CANCELLED	\$100.00
6/3/2020	EMPLOYMENT DEVELOPMENT DEPT SACRAMENTO, CA 94230	REFUND	\$364.04

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$464.04

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$464.04

2. Unitemized increases to cash under \$100 this period..... \$0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.)..... **TOTAL** \$464.04

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: EDT78

3/13/20 -

Memo Reference: EDT79

3/15/20 -

Memo Reference: EDT91

3/27/20 - FOOD FOR LOCAL MEDICAL PERSONEL HELPING WITH COVID-19 OUTREACH

Memo Reference: PDT16

6/18/20 -
